

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 APR -1

DOCUMENT # L99000002060

1. Limited Liability Company's Name

Practical Professional Services, LLC

9/28/01

2. Principal Office Address

5820-B W Cypress St

Suite, Apt. #, etc.

3. Mailing Office Address

5820-B W Cypress St

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33607

Country

USA

Zip

33607

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida

4/12/99

6. FEI Number

59-3568808

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

Aleida Delos Rios

Street Address (P.O. Box Number is Not Acceptable)

5820-B W Cypress St

Suite, Apt. #, Etc.

City

Tampa

State  
FL

Zip Code

33607

70000519343

-04/05/02--01002-014

\*\*\*200.00 \*\*\*200.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Aleida Delos Rios

REGISTERED AGENT MUST SIGN

Date

3/27/02

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
UGR	DE LOS RIOS, ALEIDA	5820-B W CYPRESS ST	TAMPA, FL 33607

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager

Aleida Delos Rios

Date

2/2/02

Daytime Phone #

(813) 282-0941

Typed or printed name of signing Managing Member/Manager

CR2041 (9/01)